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JC960 U.S. PTO

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PTO/SB/05 (11-00)  
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|   |                        |   |
|---|------------------------|---|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No.    | 1981-A                                    |
|   | First Inventor         | Douglas B. Colaner                        |
|   | Title                  | INSTALLATION TOOL FOR PLASTIC COATED PIPE |
|   | Express Mail Label No. | EV032893273US                             |

| APPLICATION ELEMENTS<br><small>See MPEP chapter 600 concerning utility patent application contents.</small>  | ADDRESS TO:<br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, D.C. 20231  |
|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i>   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>   |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   | 8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i>   |
| 3. <input checked="" type="checkbox"/> Specification <small>[Total Pages 18]</small><br><i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <i>(if filed)</i></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> | a. <input type="checkbox"/> Computer Readable Form (CRF)   |
| 4. <input checked="" type="checkbox"/> Drawing(s) <i>(35 U.S.C. 113)</i> <small>[Total 4]</small>  | b. Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> paper</li></ul> |
| 5. Oath or Declaration <small>[Total Pages 3]</small> <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><i>(for continuation/divisional with Box 18 completed)</i></li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul>  | c. <input type="checkbox"/> Statements verifying identity of above copies  |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |  |

| ACCOMPANYING APPLICATION PARTS   |   |
|--|---|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |   |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>   | <input checked="" type="checkbox"/> Power of Attorney       |
| 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>   |   |
| 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449  | <input checked="" type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment   |   |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>                                     |   |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>   |   |
| 16. <input checked="" type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |   |
| 17. <input type="checkbox"/> Other:  |   |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| 19. CORRESPONDENCE ADDRESS  |   |           |              |   |              |
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| <input checked="" type="checkbox"/> Customer Number or Bar Code Label |   | 000027542 |              | or <input checked="" type="checkbox"/> Correspondence address below |              |
| <small>(Insert Customer No. or Attach bar code label here)</small>    |   |           |              |   |              |
| Name  | Michael Sand<br>SAND & SEBOLT                 |           |              |   |              |
| Address   | Aegis Tower, Suite 1100<br>4940 Munson St. NW |           |              |   |              |
| City  | Canton  | State     | OH           | Zip Code  | 44718        |
| Country   | USA   | Telephone | 330-244-1174 | Fax   | 330-244-1173 |

|                   |                     |                                   |          |
|-------------------|---------------------|-----------------------------------|----------|
| Name (Print/Type) | Michael Sand        | Registration No. (Attorney/Agent) | 26,503   |
| Signature         | <i>Michael Sand</i> | Date                              | 12-14-01 |

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

|   |  |                          |                    |
|---|--|--------------------------|--------------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> |  | <b>Complete if Known</b> |                    |
| <b>TOTAL AMOUNT OF PAYMENT</b> <b>\$439.00</b>  |  | Application Number       | Unknown            |
|   |  | Filing Date              | Herewith           |
|   |  | First Named Inventor     | Douglas B. Colaner |
|   |  | Examiner Name            |                    |
|   |  | Group Art Unit           |                    |
|   |  | Attorney Docket No.      | 1981-A             |

1021 U.S. PTO  
 10/P222113  
 12/14/01

| METHOD OF PAYMENT  | FEE CALCULATION (continued)   |                |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|--|---|----------------|--------------|--|-----------------|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|--------------------|-------------------------------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|-----------------------------|-----|-----|-------|-----|--------------------|--|-----|-----|------|-----|------------------------|--|---------------------|-----|--------|-----|--------|---|--------------|-----|----------------|-----|----------|--|--|-----|-----|-----|-----------|---|------|-------|--------------------|-------------|-----|--|-------|--------------------|-------|-----|-----|---|--------------|-----|--------------|-----|-----------------|--|----------|----------|----------|----------|-----|------------------|-----|-----|------------------------|-----|-----|--|-----|-----|-----------------------------------|-----|-----|--------------------------|-----|-----|---------------------------------------|-----|-------|---|-----|-----|--|-----|-----|----------------------------------|-----|-----|--|-----|---------------------|------------------------------------|--|-----|-------|----------------|---|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---------------------------------------|--|-----|-----|-----|-----|--|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|
| <p><b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <b>19-0083</b></p> <p>Deposit Account Name: _____</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR § 1.27</p> <p><b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>   | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non - English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR § 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> </tbody> </table> | Large Entity   |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non - English specification |     | 147 | 2,520 | 147 | 2,520              | For filing a request for <i>ex parte</i> reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |                     | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |              | 115 | 110            | 215 | 55       | Extension for reply within first month |  | 116 | 400 | 216 | 200       | Extension for reply within second month |      | 117   | 920                | 217         | 460 | Extension for reply within third month |       | 118                | 1,440 | 218 | 720 | Extension for reply within fourth month |              | 128 | 1,960        | 228 | 980             | Extension for reply within fifth month |          | 119      | 320      | 219      | 160 | Notice of Appeal |     | 120 | 320                    | 220 | 160 | Filing a brief in support of an appeal |     | 121 | 280                               | 221 | 140 | Request for oral hearing |     | 138 | 1,510                                 | 138 | 1,510 | Petition to institute a public use proceeding |     | 140 | 110  | 240 | 55  | Petition to revive - unavoidable |     | 141 | 1,280  | 241 | 640                 | Petition to revive - unintentional |  | 142 | 1,280 | 242            | 640   | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR § 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Statement |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Entity   |   | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 105  | 130   | 205            | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 127  | 50  | 227            | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 139  | 130   | 139            | 130          | Non - English specification  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 147  | 2,520   | 147            | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 112  | 920*  | 112            | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 113  | 1,840*  | 113            | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 115  | 110   | 215            | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 116  | 400   | 216            | 200          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 117  | 920   | 217            | 460          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 118  | 1,440   | 218            | 720          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 128  | 1,960   | 228            | 980          | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 119  | 320   | 219            | 160          | Notice of Appeal   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 120  | 320   | 220            | 160          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 121  | 280   | 221            | 140          | Request for oral hearing   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 138  | 1,510   | 138            | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 140  | 110   | 240            | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 141  | 1,280   | 241            | 640          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 142  | 1,280   | 242            | 640          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 143  | 460   | 243            | 230          | Design issue fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 144  | 620   | 244            | 310          | Plant issue fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 122  | 130   | 122            | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 123  | 50  | 123            | 50           | Processing fee under 37 CFR § 1.17(q)                                      |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 126  | 180   | 126            | 180          | Submission of Information Disclosure Statement                             |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 581  | 40  | 581            | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 146  | 740   | 246            | 370          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 149  | 740   | 249            | 370          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 179  | 740   | 279            | 370          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 169  | 900   | 169            | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Other fee (specify) _____  |   |                |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <p><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>370.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>\$370.00</b></td></tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>23</td> <td>-20** = 3</td> <td>X</td> <td>9.00</td> <td>27.00</td> </tr> <tr> <td>Independent Claims</td> <td>4 - 3** = 1</td> <td>X</td> <td>42.00</td> <td>42.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>\$69.00</b></td></tr> </tbody> </table> | Large Entity  |                | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101      | 740 | 201 | 370 | Utility filing fee | 370.00                              | 106 | 330 | 206 | 165 | Design filing fee |  | 107 | 510 | 207 | 255 | Plant filing fee |                             | 108 | 740 | 208   | 370 | Reissue filing fee |  | 114 | 160 | 214  | 80  | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |     |        |     |        | <b>\$370.00</b>                                     | Extra Claims |     | Fee from below |     | Fee Paid | Total Claims                           |  |     |     | 23  | -20** = 3 | X                                       | 9.00 | 27.00 | Independent Claims | 4 - 3** = 1 | X   | 42.00                                  | 42.00 | Multiple Dependent |       |     |     |   | Large Entity |     | Small Entity |     | Fee Description | Fee Paid                               | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18               | 203 | 9   | Claims in excess of 20 |     | 102 | 84                                     | 202 | 42  | Independent claims in excess of 3 |     | 104 | 280                      | 204 | 140 | Multiple dependent claim, if not paid |     | 109   | 84  | 209 | 42  | ** Reissue independent claims over original patent |     | 110 | 18                               | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> |                                    |  |     |       | <b>\$69.00</b> | <p><b>SUBTOTAL (3)</b>      _____</p> <p><small>*Reduced by Basic Filing Fee Paid</small></p> |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Large Entity   |   | Small Entity   |              | Fee Description  |                 |                 | Fee Paid |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 101  | 740   | 201            | 370          | Utility filing fee   | 370.00          |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 106  | 330   | 206            | 165          | Design filing fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 107  | 510   | 207            | 255          | Plant filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 108  | 740   | 208            | 370          | Reissue filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 114  | 160   | 214            | 80           | Provisional filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |   |                |              |  | <b>\$370.00</b> |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Extra Claims   |   | Fee from below |              | Fee Paid   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Total Claims   |   |                |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 23   | -20** = 3   | X              | 9.00         | 27.00  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Independent Claims   | 4 - 3** = 1   | X              | 42.00        | 42.00  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Multiple Dependent   |   |                |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Large Entity   |   | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 103  | 18  | 203            | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 102  | 84  | 202            | 42           | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 104  | 280   | 204            | 140          | Multiple dependent claim, if not paid                                      |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 109  | 84  | 209            | 42           | ** Reissue independent claims over original patent                         |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 110  | 18  | 210            | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |   |                |              |  | <b>\$69.00</b>  |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |       |                    |             |     |  |       |                    |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |                |   |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |

| SUBMITTED BY      |                     | Complete (if applicable)          |              |
|-------------------|---------------------|-----------------------------------|--------------|
| Name (Print/Type) | Michael Sand        | Registration No. (Attorney/Agent) | 26,503       |
| Signature         | <i>Michael Sand</i> | Telephone                         | 330-244-1174 |
|                   |                     | Date                              | 12-14-01     |

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Docket No.

1981-A

Serial No.

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Filing Date

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Group Art Unit

Invention: **INSTALLATION TOOL FOR PLASTIC COATED PIPE**

I hereby certify that the following correspondence:

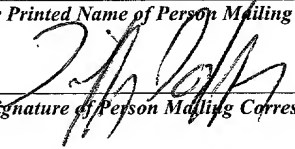
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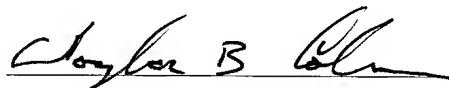
**REQUEST AND CERTIFICATION  
UNDER  
35 U.S.C. 122(b)(2)(B)(i)**

|                      |   |  |
|----------------------|---|--|
| First Named Inventor | Douglas B. Colaner                        |  |
| Title                | INSTALLATION TOOL FOR PLASTIC COATED PIPE |  |
| Atty Docket Number   | 1981-A                                    |  |

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

12-14-01

Date



Signature

Douglas B. Colaner

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**